## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



í

or Fax

(571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification	ns.	, , ,	, , , ,	•			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
000466 7590 12/16/2005							
YOUNG & THO	MPSON			Cei	rtificate of Mailing or Trans	smission	
' 745 SOUTH 23RD	' 745 SOUTH 23RD STREET				I hereby certify that this Fee(s) Transmittal is being deposited with the United		
2ND FLOOR				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ARLINGTON, VA 22202				transmitted to the USPTO (571) 273-2885, on the date indicated below.			
5/2006 MBEYENES 00000	0083 10760364			-		(Depositor's name) (Signature)	
C:1501	1400.00 DP						
C:1504 C:8001	300.00 OP 3.00 OP	· · · · · · · · · · · · · · · · · · ·				(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/760,364 01/21/2004			Shin Hasegawa		8014-1075	9825 . 🕾	
TITLE OF INVENTION: S CORRECTION METHOD			DING MEDIUM ON	WHICH A SOUND	CORRECTION PROGRAM	IS RECORDED, SOUND	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	)	\$300	\$1700	03/16/2006	
EXAMINER		ART UNIT		LASS-SUBCLASS	······································		
PENDLETON, BRIAN T		2644		381-071400			
Change of correspondence CFR 1.363).	e address or indication of "Fe	ee Address" (37		the patent front page, li	, YOHNG	& THOMPSON E	
Change of correspond	lence address (or Change of 22) attached.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
_							
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (print	or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignce is identified by 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear on T a substitute for filis	the patent. If an assigning an assignment.	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Pioneer Corporation				Tokyo-to,	Japan .	Cast. W.	
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the patent) :	☐ Individual 🖾 Co	orporation or other private gro	oup entity Government	
4a. The following fee(s) are	enclosed:	46	b. Payment of Fec(s):				
☑ Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies1			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $25-0120$ (enclose an extra copy of this form).				
5. Change in Entity Status	•	•	(if necessary)  D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
	MALL ENTITY status. See				y paid issue fee to the applica		
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if required) v	will not be accepted	from anyone other	than the applicant; a regi	istered attorney or agent; or the	he assignee or other party in	
Authorized Signature	Benoît Ca	stel		Date	February 14,	2006	
Typed or printed name Benoit CASTEL, #35,04			Registration Ndf 35,041				
submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	plication form to the USPT for reducing this burden, shinia 22313-1450. DO NOT 1450.	O. Time will vary nould be sent to the SEND FEES OR C	depending upon the Chief Information (COMPLETED FORM	individual case. Any conficer, U.S. Patent and MS TO THIS ADDRESS	the public which is to file (and minutes to complete, includin minents on the amount of till Trademark Office, U.S. Dep. S. SEND TO: Commissioner displays a valid OMB control	me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	